19	196.	34	13

Application or Dock t Number

4100-0133P

Effective October 1, 2000 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN TYPE -SMALL ENTITY (Calumn 1) (Column 2) TOTAL CLAIMS RATE FEE RATE FEE BAMC FEE 355,00 DARIC SE 710.00 NUMBER FILED NUMBER EXTRA FOR OR TOTAL CHARGEABLE CLAIMS minus 20-X\$18= X3 9-INDEPENDENT CLAIMS minus 3 -XRO. **X40**0 CΒ MULTIPLE DEPENDENT CLAIM PRESENT П +270= +135-OR "If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 710 TOTAL OR OTHER THAN CLAIMS AS AMENDED - PART II (Column 1) 6-24-05 SMALL ENTITY SMALL ENTITY OR (Column 2) (Column 3) CAUS ADDI-ADDI-NUMBER NENDMENT A REMAINING PRESENT RATE TIONAL RATE TIONAL PREVIOUSLY EXTRA AFTER FEE FEE PAID FOR MENDMENT 20 250 R Minus XS 9-X\$18-Total OR Mores Independent X40-XBO= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR ADDIT, FEE ADDIT, FEE 12-32-03 (Column 1) (Column 2) Highest (Column 3) ADDI-ADDI-NUMBER 8 REMAINING PRESENT TIONAL TIONAL FEE RATE RATE PREVIOUSLY AMENDMENT EXTRA AFTER PAID FOR FEE Minue X\$18= X3 9-Total 0 OR Minus . Independent X80-X X40-OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR OAL OR ADDIT FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) Hel San CLAMS ADDI-ADDI-NUMBER O REMAINING RESENT TIONAL RATE TIONAL PREVIOUSLY RATE AFTER EXTRA PAID FOR MENDMENT FEE FEE Total Minus -X3 9= X\$18= OR Independent X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR " If the erby in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Peld For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Peld For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE ADDIT, FEE The "High at Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.

4

PATENT APPLICATION FEE DETERMINATION RECORD

United States Patent and Trademark Office
- Sales Receipt -

01/31/2006 SBLIZZAR 00000002 022448 09963613

01 FC:1201 200.00 DA 02 FC:1202 350.00 DA

PTC/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0831-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Penergerk Reduction of 1995, no person are required to respond to a collection of information unless it displays a valid OMB									ntrol number.				
Encurs on 12/08/2004.			Complete if Known										
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun	nber C	09/963,613-Conf. #9365								
FEE TRANSMITTAL			Filing Date		September 27, 2001								
				First Named Inv	rentor J	Johannes GANZERT							
For FY 2005				Examiner Name	F	F. O. Ferris							
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2128									
TOTAL AMOUN	T OF PAYME	NT	(\$) 370.00		Attorney Docket	Attorney Docket No. 4100-0133P							
METHOD OF PAYMENT (check all that apply)													
x Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP													
For the a	bove-identified	deposi	it account, the Dire	ector is	hereby authorize	ed to: (check	k all that apply))					
	arge fee(s) ind						icated below, e		filing fee				
므	•			oot of	<u> </u>	• •							
Credit any overpayments X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCUL	ATION	-											
1. BASIC FILING	, SEARCH, A	ND EX	MINATION FEES	3									
		FILI	NG FEES	SE	ARCH FEES	EXAMIN	ATION FEES	3					
Application Tyr	ne F	ee (\$)	Small Entity Fee (\$)	Fee (9	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)				
Utility	<u>.</u>	300	150	500	250	200	100						
Design		200	100	100	50	130	65						
Plant		200	100	300	150	160	80						
Reissue		300	150	500	250	600	300						
Provisional		200	100	0	0	0	0						
2. EXCESS CLA	14 EEE0	2.00	100	Ū	· ·	v	·	Si	mall Entity				
	IM PECO		•					Fee (\$)	Fee (\$)				
Fee Description Each claim over 20 (including Reissues)							50	25					
Each independen			•	•				200	100				
Multiple depende		•						360	180				
Total Claims	Extra Clai	ms	Fee (\$)	Fee	aid (\$) Multiple Dependent Claims								
	20 = 5	×			250.00		(\$)	Fee Paid (\$)					
Indep. Claims	Extra Clai	ms_	Fee (\$)	Fee	Paid (\$)								
3	3=0	×			0								
3. APPLICATION							_						
If the specificati	ion and drawin	igs exc	eed 100 sheets of	paper	(excluding electr	onically file	ed sequence or	computer					
listings unde	r 3 / CFK 1.52 tion thereof	(e)), m See 35	e application size U.S.C. 41(a)(1)(0	nee (i Sand	18 18 3230 (3123 1 37 CFR 16(c)	or small en	inty) for each a	MOTHORIST 20					
Total Sheets		Sheets			dditional 50 or frac	tion thereof	Fee (\$)	Fee Pa	id (\$)				
Total Onders	- 100 =	WINVE	/50	V 4441 1				=					
									ald (\$)				
1202 Extra Claims (5)								Fees Paid (\$) 250.00					
Other (e.g., late filing surcharge): 1251 Extension for response within first month								120.00					
SUBMITTED BY													
Signature Signature	Ŷ A	9 7	25 44 . 24	a	Registration No.	39,538	Telephone	(703) 205-	8000				
greature 441,458 (Attorney/Agent) 39,538 same (Print/Type) James T. Eller, Jr.					Oate	June 24, 2005							
remine (rium type)	vanico I. Eli	01, 31.					1 500	Julio 24, 2	.000				